

DISC	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	6-H		5/25/01
<b>O.I.P.E. CLASSIFIER</b>	101	1019	06.29.01
<b>FORMALITY REVIEW</b>	101	825	9/12/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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H. S.  
6-29-01  
76  
1/17/01

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